

**REQUEST FOR SPECIAL SERVICES REIMBURSEMENT FOR
STATE-PLACED STUDENT WHO IS
NOT SPECIAL EDUCATION ELIGIBLE**

SCHOOL YEAR 2007 - 2008

Date: _____

Student's Name: _____ **DOB:** _____

Placing Agency: _____ **Phone:** _____

Agency Case Worker/Manager: _____

School District Making Request: _____

Special Education Director: _____

Town of Parental Residence: _____

Was the Request Made Prior to Expenditure of Funds as per statute? ☐ Yes ☐ No

If no, why not? _____

Description of the team (504 team, EST, Individual Treatment Team) with the names and roles of each participant. Must include representative of placing agency.

Description of the present problem and the reason for not referring or serving the student in special education.

Is this student a risk to other students or self ? If so, please describe.

What has been tried and why are additional services are needed?

Documentation provided (check all that apply):

- ☐ official “risk assessments”
- ☐ psychological or psychosexual evaluations
- ☐ summaries from evaluators that provide evidence of need
- ☐ evaluations, notes from therapists or supporting letters

Attach a written plan of services (must submit at least one):

- ☐ 504 Plan
- ☐ Coordinated Services Plan
- ☐ Educational Support Team Plan

Service	Beginning Date	Ending Date	Anticipated Cost
<hr/>	<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	<hr/>	\$ <hr/>

Mail to:
Donna L. Trucksess
Interagency Workgroup
Student Support Team
Department of Education
120 State Street
Montpelier Vt. 05620

PLEASE NOTE: The Commissioner will grant non- special education requests for funding as funds are available, and based on prioritization of need. No request will be processed without the documentation requested.